



STATE
OF
GEORGIA

Application for
RECORDS DISPOSITION STANDARD

OFFICE OF SECRETARY OF STATE
DEPARTMENT OF ARCHIVES & HISTORY
RECORDS MANAGEMENT DIVISION

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1. Application Date Sept. 6, 1974		INSTRUCTIONS: See separate instructions for completion of front and reverse of this form. Sign original and two copies and forward to Department of Archives and History, Attention: Records Management Officer.		FOR RECORDS MANAGEMENT DIVISION USE Date Received: SEP 6 1974 Application No.: 74-357 Date Completed: OCT - 3 1974	
2. Agency Application No. DHR-DPH- 34		3. AGENCY, Division, Subdivision & Administering Office Address Department of Human Resources Division of Physical Health Maternal Health Section - Room 364-S 47 Trinity Avenue, S. W. - Atlanta, Ga. 30334		4. Person to Contact Ms. Jewell Callahan	
5. Working Title Administrative Officer		6. Tel. No. 656-4891			
7. ACTION REQUESTED <input checked="" type="checkbox"/> ESTABLISH DISPOSITION STANDARD; RECORD WILL CONTINUE TO ACCUMULATE. <input type="checkbox"/> DISPOSE OF PRESENT ACCUMULATION; NO FURTHER ACCUMULATION ANTICIPATED.					
8. Earliest & Latest Dates of Series 1968 to present		9. Exact Series Title Maternal Deaths Reporting Files			
10. What is the function of the office in which this record series is created? <p>The Division of Physical Health is responsible for the administration, direction and coordination of the Physical Health Programs in the State. These include, but are not limited to, health standards for businesses, housing, field operations and hospitals throughout the State; improvement of physical and dental health of adults and children, and health of expectant mothers; administration of family planning and sterilization programs; diagnosis and control of diseases; supervision of construction and licensure of health facilities; and administration of the Cancer Assistance Program.</p> <p>The Maternal Health Section has the function to improve the quality of family life by promoting all maternal health activities on local and district Human Resources staffs to women in child bearing years. Also to establish service standards, policies, and procedures; and coordinate activities of all involved agencies.</p>					
11. This file contains the following documents (include form numbers and titles, if any, and file arrangement). <p>Documents relating to medical reasons for all deaths of women who die in Georgia during pregnancy.</p> <p>Included are: Form ADM 5.3 (12-1-56) copy of death certificate; questionnaire (no number) sent by Medical Association of Georgia and completed by the attending physician and county health department which states patient's name, date of death, place of death, age of patient, disease or condition directly leading to death, data about baby such as place of delivery, whether born alive, now living and participants at birth (physician - midwife); form 6957-MAG (Medical Association of Georgia - Maternal and Infant Welfare Committee) (Committee Review of Death Associated with Pregnancy) which is a summation of information from the questionnaire; and HC 2.26 (Maternal Death Statistical Card - Georgia Department of Public Health) which states patient's name and address; doctor's name and address; date of death and other information for statistical purposes.</p> <p>The file is arranged by year -- thereunder numerically as received.</p>					
12. EQUIPMENT OCCUPIED		No. of Drawers	Cu. Ft. of Records	ANNUAL RATE OF ACCUMULATION	No. of Drawers Cu. Ft. of Records
Letter-size File Drawers	approximate	25 maternal	deaths		approx. 25/folders per year
Legal-size File Drawers	per year			Floor Space Occupied (Square Feet)	In Office(s) In Storage Area(s)
					This Year's Last Year's Preceding Year's All Prior Years
				AVERAGE DAILY REFERENCES	

QUESTIONNAIRE Place an "x" in the proper column. If answer is "YES," please explain

YES NO

13. Is this the Record Copy of the series? ☒ [x] ☐ []
14. Is there a duplication of this series in another office or agency? ☐ [] ☒ [x]
15. Is the information contained in this series ever summarized or published? ☐ [] ☒ [x]
Attach copy of summary or publication. (to be done at some future time)
16. Does the series contain classified information requiring security handling? ☒ [x] ☐ []
17. Does the series initiate, amend or terminate agency policies and procedures? ☐ [] ☒ [x]
18. Could the function be performed if the files were lost or destroyed? ☒ [x] ☐ []
19. Is the series (or major portion of it) regularly microfilmed? If yes, why? ☐ [] ☒ [x]
20. Does the record series provide data as input to an EDP file? ☐ [] ☒ [x]
21. Does the record series contain documentation produced as EDP printout? ☐ [] ☒ [x]
22. Has the Federal Government issued instructions governing the retention/disposition of these files? ☐ [] ☒ [x]
23. Will there be a need for these records 10, 15 years from now? If yes, what? ☐ [] ☒ [x]

24. REQUIREMENTS. The following requires the files to be kept 7 years:

- a. ☐ [] STATE LAW b. ☐ [] STATUTE OF LIMITATION c. ☐ [] AUDIT PERIOD d. ☐ [] FEDERAL LAW *e. ☒ [x] ADMINISTRATIVE DECISION f. ☐ [] HISTORICAL VALUE
(Cite Law, Statute, or other reason for the retention requirement)

* see attached letter

25. AGENCY RECOMMENDATIONS. This agency recommends that the file series be cut off at the end of each - ☒ [x] CALENDAR YEAR - ☐ [] FISCAL YEAR - ☐ [] OTHER _____, then:

- ** ☒ [x] Hold in the current files area _____ month(s)/ 7 year(s):
☐ [] Transfer to ☐ [] State Records Center ☐ [] Local Holding Area; hold _____ year(s):
☒ [x] Destroy.
☐ [] Transfer to State Archives for permanent retention.
☐ [] Destroy immediately after cut-off.
☐ [] Other: (Specify) _____

** approximately 25 maternal deaths in Georgia per year.

(Indicate briefly rationale for recommendations above/or write additional remarks):

Information needed for reference and comparison for various studies.

Records Management Officer (Signature)	Date	OTHER REQUIRED SIGNATURES	DATE
<i>William G. [Signature]</i>	<i>Sept 14, 74</i>	<i>[Signature]</i>	<i>6 Sep 74</i>
26. Recommendations in paragraph 25 are:	Agency Head/Designee <input type="checkbox"/> [] Approved <input type="checkbox"/> [] Disapproved	<i>William M. Dixon</i>	<i>10-1-74</i>
STATE RECORDS COMMITTEE	State Auditor/Designee <input type="checkbox"/> [] Approved <input type="checkbox"/> [] Disapproved	<i>Carroll [Signature]</i>	<i>10-1-74</i>
	Secretary of State/Designee <input checked="" type="checkbox"/> [x] Approved <input type="checkbox"/> [] Disapproved	<i>[Signature]</i>	<i>10-2-74</i>
	Attorney General/Designee <input type="checkbox"/> [] Approved <input type="checkbox"/> [] Disapproved		